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ABSTRACT

This bibliography provides an overview and introduction to attribution theory with an emphasis on its role in clinical work. Articles are listed alphabetically by author in four sections: (1) an introduction to attribution theory, 11 entries; (2) attribution and the helping relationship, 9 entries; (3) attribution therapies and psychopathology, 4 entries; and (4) attribution and information-processing, 11 entries. For all empirical studies, a description of the objective, participants, method, and major findings is provided. Theoretical articles and chapters are discussed in terms of their objectives and overall conditions. All annotations contain general comments which highlight the importance of attribution in psychotherapy. This bibliography is intended to be of use to those who are novices in the area as well as to researchers engaged in the investigation of attribution principles. (Author/NRB)

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Attribution Theory and Research:

A Selected and Annotated Bibliography

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Running Head: ATTRIBUTION BIBLIOGRAPHY

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Abstract

This bibliography provides an overview and introduction to attribution theory with an emphasis on its role in clinical work. Specific topic areas include attribution and the helping relationship; attribution therapies and psychopathology; and attribution and information-processing. For all empirical studies, a description of the objective, participants, method and major findings is provided. Theoretical articles and chapters are discussed in terms of their objectives and overall conditions. All annotations contain general comments which highlight the importance of attribution in psychotherapy. This bibliography is intended to be of use to those who are novices in the area as well as to researchers engaged in the investigation of attribution principles.

Part I. An Introduction to Attribution Theory

Antaki, C. (1982). A brief introduction to attribution and attributional theories. In C. Antaki & E. C. Brewin (Eds.), Attributions and psychological change. New York: Academic Press.

The author provides an historical account of the development of models of how people arrive at attributions (attribution theory) and the effects these attributions have on peoples' feelings and behavior (attributional theory). The attribution theories, whose roots stem from the study of person perception, assume that people seek to find the cause of behavior. They emphasize how people reach a decision about what causes their own and other people's behavior and, as such, they have the potential to actually help improve people's decision making processes. Although attribution theories describe the process of making an attribution, they essentially neglect the question of what effect these attributions have on subsequent feelings and behavior -- this is the role of attributional theory.

Heider, in the 1950's was the first to categorize ordinary explanations into two sorts -- personal and environmental causes. His principles were formalized by Jones and Davis in their theory of correspondent inferences which focuses on how people arrive at dispositional explanations of given behaviors. The second major line of thinking in this area is based on Kelley's logical analysis of external attributions. Antaki also discusses Jones and Nisbett's proposal of actor-observer attributional differences, and Bem's theory of self-perception. Weiner's attributional theory of motivation and Abramson et. al.'s attributional reformulation of learned helplessness are

discussed as examples of how attributional theories can guide the clinician in understanding the affective and behavioral consequences of their clients' self-perceptions.

Brickman, P., Rabinowitz, V. C., Karuza, J., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. American Psychologist, 37(4), 368-384.

Objective: The authors propose four models of helping and coping, each of which distinguishes the attribution of responsibility for the problem from the attribution of responsibility for the solution.

Main Issues: Responsibility for the origin of a problem or past event involves the question of blame while responsibility for the solution of a problem or future events involves an assessment of who might be able to control events. Briefly, the four models, which specify what form people's behavior will take when they try either to help others or help themselves, are as follows:

1. Moral model: actors are attributed responsibility for both creating and solving their problems.
2. Competency model: actors are not seen as responsible for their problems but are responsible for solutions.
3. Medical model: actors are not held responsible for either the origin or solutions of their problems.
4. Enlightenment model: actors are blamed for causing their problems and are seen as unable or unwilling to solve their problems.

The authors hypothesize that attribution of responsibility for problems has very different consequences from attribution of responsibility for

solutions to such problems for both the helper and the helpee. By the very nature of their underlying assumptions, each of the four models of helping and coping will impact the competence, status, and well-being of its actors. Furthermore, it seems likely that the wrong choice of a model in a situation will undermine effective helping and coping.

The authors review evidence from the literature in both social and clinical psychology which emphasizes the internal consistency of the models and their roles in the areas of education, psychotherapy, prisons and welfare systems. Future research on the attributions of blame and control is needed in order to identify what factors determine the choice of a particular helping model by different types of helpers and, in addition, what factors determine the effectiveness of each model in given situations.

Comments: In terms of clinical work, it is clear that psychotherapy theories and techniques differ in their underlying assumptions about the nature of the problem and the solution. Brickman et. al.'s discussion raises issues about whether clinicians gravitate toward a particular theory of psychotherapy because their already-in-existence model of helping and coping is in agreement with the theoretical model or, does the process happen the other way -- that is, are therapists' underlying assumptions about helping molded and influenced by the theoretical model from which they work? Clearly, there is no one correct model but rather, each of them may be useful when applied to particular problems and disorders. Perhaps many of the problems (i.e., premature dropout or resistance) which characterize the therpist-client relationship arise from the fact that the helper and helpee are "out-of-synch" with one another; in other words, they are operating from different and competing models.

Through research, we might find that one of the primary ingredients for a "fit" between the therapist and client is that they reach some agreement in terms of attributions of responsibility and solutions.

Harvey, J. H. & Weary, G. (1981). Perspectives on attributional processes. Iowa: Wm. C. Brown Company.

This book surveys the major work on attribution theory which was produced during the 1950s to early 1970s. By focusing on the foundations of attributional processes, the authors provide an introduction to the basic theories and illustrate the major distinctions between Heider's common sense psychology, Jones and Davis' theory of correspondent inferences, Kelley's ANOVA model, and Bem's concept of functional self-analysis. A review of theoretical advances and extensions in the attribution area focuses on topics such as Weiner's work in achievement situations, Jones and Nisbett's classic actor-observer differences and the misattribution of arousal. These advances illustrate the potential applicability of attribution theory to a variety of social contexts and interactions. Critical analyses of attribution principles stem from questions about people's cognitive capacities and in particular, whether or not people are scientific in their attributions about the behavior of others.

The book also contains several chapters which survey the clinical applications of attribution theory. In particular, the authors examine the developmental patterns in the process of attributing responsibility and causality as well as the attributions of freedom and control. They review Seligman's learned helplessness model of depression and Storms and McCaul's model of the emotional exacerbation of dysfunctional behaviors in order to

illustrate how dysfunctional behavior develops. Also, the role of attributional process in the treatment of maladaptive behavior patterns, particularly with regard to misattribution and re-attribution training therapies is discussed. Empirical evidence is presented to suggest that people are more likely to maintain therapeutic gains if they assume responsibility for their behavior changes. The authors note the major impact that attribution theory has had on the field of social psychology and emphasize that, in the future, attribution theory will become increasingly integrated with other disciplines such as clinical and counseling psychology.

Harvey, J. H., Town, J. P. & Yarkin, K. L. (1981). "How fundamental is the fundamental attribution error?" Journal of Personality and Social Psychology, 40(2), 346-349.

Objectives: This paper discusses the logical and empirical difficulties which underlie the basic assumptions of the fundamental attribution error.

Main Issues: The authors argue that the increasingly popular concept of the "fundamental attribution error," defined as the tendency for attributors to underestimate the impact of situational factors and over-estimate the role of dispositional factors in controlling behavior, is really neither an error nor a fundamental tendency in social perception. In support of their argument, they review a body of empirical research which supports the notion that dispositional attributions are in fact reasonable and meaningful explanations for understanding behavior in a variety of situations. Furthermore, given the difficulty in determining the accuracy of attributions, it is quite possible that situational biases may be just as inaccurate or involve just as much error as dispositional biases. The

existence of a bias in attributional analyses does not necessarily imply error. Most of the empirical evidence which supports the fundamental attribution error is indirect in nature. The authors express concern that this concept has achieved considerable status in today's work on social and interpersonal perception without having been adequately validated or analyzed.

Comments: While questions regarding the existence and prevalence of attributional biases are important, the more important issue may actually involve an examination of the specific conditions under which attributional biases occur.

Kelley, H. H. & Michela, J. C. (1980). Attribution theory and research Annual Review of Psychology, 31, 457-501.

In this review paper on attribution theory and empirical research, a distinction is drawn between attribution research, which focuses on assessment or manipulation of antecedents, and attributional research which is concerned with the consequences of attributions. The authors review the three main classes of antecedent variables -- information, beliefs, and motivation -- in relation to their role in the classic theories of attribution. While it is generally agreed that information is a critical factor affecting attributions, the various concepts differ in what they specify to be relevant information, the types of resulting attributions and the nature of the process linking information to attribution. Jones and Davis' principle of noncommon effects, Kelley's concept of covariation, consensus, consistency and distinctiveness are compared and contrasted. Also, other information processing rules, such as similarity, contiguity, salience and primacy are discussed. Kelley and

Michela note that the link between information and attribution seems to involve a variety of processes. On the one hand, there are logical and analytical concepts (i.e., noncommon effects, covariation) which involve the use of large sets of information and selection among a sizable set of causal explanations. On the other hand, there are the processes (i.e., salience, primacy) which tend to rely heavily on the earliest or most salient information and settle for the first adequate explanation that becomes available.

Information processing of attributional problems is also influenced by pre-existing beliefs about causes and effects. At a simple level, there are suppositions about success and failure, expectations about actors or about behaviors in situations. At a more complex level is the concept of causal schemata which refers to people's perceptions of how two or more causes combine to produce a certain effect. It is noted that causal beliefs not only affect the attributions made for events, but also, affect the intake and use of causally relevant information. Attribution processes are also influenced in a variety of ways by peoples' motives. The authors review research documenting how and under what conditions people become motivated to make attributions as well as how peoples' motivations for self-enhancement, competence, self-protection, and social-standing are related to attribution processing.

In the second half of their paper, Kelley and Michela review research on the consequences of attributions. The principal distinctions that have been made among attributions are as follows: person versus environment, intrinsic versus extrinsic motivation, skill versus chance and intentional versus unintentional. Overall, the major consequences of these distinctions include behaviors, affect and other cognitions such as expectancies about future

events. Empirical investigations of the consequences of attributions always involve some type of variation in the antecedents of attribution since attributions themselves, as intervening cognitive variables, are not amenable to direct manipulation. Kelley and Michela note that the basic assumption in attribution theory, which states that attributions are mediators of behavior, affect and cognitions, has not been adequately documented in the attributional research. They suggest the need for improved research paradigms which would include investigations of the natural context in which the attributional processes occur. Kelley and Michela are optimistic in their hopes for the future of attribution theory, since it represents a body of work which has implications for a variety of practical, everyday problems.

Nisbett, R. E. & Valins, S. (1972). Perceiving the causes of one's own behavior. In E. E. Jones, D. E. Kanouse, H. H. Kelley, R. E. Nisbett, S. Valins, & B. Weiner (Eds.), Attribution: Perceiving the causes of behavior. New York: General Learning Press.

Using Bem's concept of self-analysis as a unifying theme, this chapter examines the issue of how people make causal attributions about their own behavior. The authors review the empirical evidence from the areas of belief inference, insufficient justification and overly sufficient justification, and report that all of them lead to the following general principle: "a belief inference may result from the observation of one's behavior if the behavior is perceived to have been elicited by one's intrinsic reaction to the stimulus toward which behavior was directed, but a belief inference will not result if the behavior is perceived to have been elicited by some aspect of the circumstances extrinsic to the stimulus" (p. 70).

This same principle is also shown to be applicable to the inference of feelings from autonomic behavior, even under conditions in which the stimulus information is supplied by an experimenter or is false. A review of other research suggests, however, that such inferences are not necessarily routinely accepted -- rather, people will attempt to validate their inferences before perceiving them as truth. Thus, the authors suggest that inferences are often hypotheses and not conclusions. Attempts by an individual to confirm certain inferences may result in a changed attitude or possibly, a reconfirmation of an earlier attitude. The authors final point is that inferences can result from new information about any aspect of behavior such as its causes, consequences, intensity and the context in which it occurs.

Comments: This chapter is not directly relevant to the role of attribution theory in the process of psychotherapy. It does speak, however, to the issue of how people perceive the causes of their own behavior and as such, might provide a useful schema to help therapists understand the processes which they and their clients use in order to arrive at self-inferences.

Norcross, J. C., Prochaska, J. O., Guadagnoli, E. and DiClemente, C. C. (1984). Factor structure of the levels of attribution and change scale in samples of psychotherapists and smokers. Journal of Clinical Psychology, 40(2).

Objectives: This study was designed to evaluate the factor structure of the Levels of Attribution and Change (LAC) Scale in two samples, adult smokers and psychotherapists.

Participants: The first sample consisted of 194 adults in varying states of smoking who volunteered for a self-study in response to newspaper ads. The second sample consisted of 140 doctoral level psychotherapists belonging to division 29 of the American Psychological Association who had been mailed a questionnaire containing the LAC scale. Sixty-five percent of the smokers were female (n = 126) and 23% of the psychotherapists were female (n = 32).

Method: All participants received the LAC scale but the smoker sample was asked to indicate what they believed had contributed to their smoking behavior while the psychotherapists were asked to indicate the extent to which they believed each of the factors contributed to their imagined drinking problem.

Briefly, the LAC is a 60-item Likert-type instrument which measures the levels and loci of causal attributions. The LAC consists of the following ten subscales (ordered from most external to most internal level of attribution): Spiritual Determinism, Biological Inadequacies, Bad Luck, Environmental Difficulties, Maladaptive Cognitions, Familial Conflicts, Interpersonal Conflicts, Intrapersonal Conflicts, Chosen Lifestyle, and Insufficient Effort.

Findings: For both the smoker and psychotherapist samples, nine distinct and interpretable components were retained, accounting for 63% and 68% of the total variance respectively. Coefficients of congruence indicated that the two component patterns were quite similar. Estimates of internal consistency averaged .84 and .87 for the two samples. Interestingly, the smoker sample obtained higher mean scores on the relatively external and non-psychological dimensions (Spiritual Determinism, biological Inadequaceis, Bad Luck) than the psychotherapists sample. In contrast, the psychotherapists had higher mean scores on the internal and psychological attribution scales.

Comments: The results essentially replicate the factor structure of the LAC scale by extending it to two different samples. The utility and validity of the scale was substantiated by the data in this study. Clearly, though, additional data regarding the application and validation of the instrument is required before it could routinely be employed by clinicians. Some specific suggestions for future investigations would be to use samples which are more evenly distributed according to gender and in addition, emphasize real, rather than imagined problems. The finding that psychotherpists, as compared to a group of laypersons, tended to make internal attributions may reflect the unique training of clinicians or might be related to the disparate nature of the two problems (smoking and drinking) to which the participants were responding.

Snyder, M. (1981). On the influence of individuals on situations. In N. Cantor & J. F. Kihlstrom (Eds.). Personality, cognition and social interaction. New Jersey: Lawrence Erlbaum Publishers.

Objectives: This chapter examines the implications of the processes by which individuals choose and influence situations. Particular attention is devoted to the nature and consequences of 1) a person's conception of self; 2) a person's conception of others; 3) the characteristic dispositions of the person; and 4) the characteristic attitudes and values of the individual.

Main Issues: The author reviews the literature which indicates that, as a result of behavioral confirmation processes in social interaction, people may create situations such that the behavior of those with whom they interact essentially reflects the observer's pre-existing ideas. People

are seen as actively choosing and influencing the situations in which they are a participant. Snyder's main idea can be summarized as follows: "as consequences of their transactions with the social world, individuals construct for themselves social worlds that are suited to expressing, maintaining, and acting upon their conceptions of self, their conceptions of other people, their characteristic attitudes and their characteristic dispositions" (p. 323). Thus, people are to be understood in terms of the social worlds in which they live their lives, and in particular, in terms of the active roles they play in choosing and influencing the situations in their lives. In order to determine how best to understand and assess individuals in the context of their social worlds, researchers must attempt to construct and validate instruments which essentially measure situations.

Comments: The approach presented in this chapter, that of examining individuals within their social world and the reciprocal influence of persons and situations on each other, reflects the "interaction" approach which dominates the field of social psychology. While Snyder's paper does not directly address attribution theory, his ideas are important in that they cause one to think about the role of attributions in an expanded and more comprehensive fashion. Thus, for example, by considering the theoretical propositions that "situations influence individuals" and "individuals influence situtations," it is possible to think in terms of how the work setting chosen by a helper (i.e., a psychiatric hosptial versus a social service agency) can affect the types of attributions they make about their clients. Similarly, the pre-existing attributions of a clinician (about self and others) influences how he/she behaves toward a client which in turn, influences the clent's self and other attributions.

All of these factors are also simultaneously influencing and being influenced by the nature of the situation in which these two people find themselves.

Storms, M .D. (1973). Videotape and the attribution process: Reversing actors' and observers' points of view. Journal of Personality and Social Psychology, 27(2), 165-175.

Objective: The purpose of this study was to test the hypothesis that actors' and observers' attributions can be significantly influenced and/or reversed by changing their visual orientation toward an event. Based on Jones and Nisbett's general attribution propositions, the author assumes that actors are essentially focused on situations while observers, in contrast, tend to focus on the actor more than the situation.

Participants: One hundred and twenty undergraduate male volunteers were placed into 30 groups of four persons who were not previously acquainted with each other.

Method: Within each group of four participants, two participants (actors) engaged in a five-minute, "get-aquainted" conversation while the remaining two participants (observers) watched the meeting. The observers had been assigned to watch a particular actor during the conversation. Videotapes of the conversations were played back to participants in the experimental conditions while participants in the control group saw no tape. These videotapes served as an experimental manipulation with some participants viewing a tape which repeated their original visual orientation and some seeing the tape from a new perspective -- specifically, some actors saw a tape of themselves, while some observers saw the other person with whom

their matched actor had been talking. Following this manipulation, actors and observers rated, on a 9-point Likert-type scale, the importance of personal and situational characteristics of the actors' behavior during the "getting-aquainted" conversation.

Major Findings: Generally, the participants' role as either actor or observer had an important influence on the nature of their attributions. Actors tended to attribute their own behavior more to situational causes while observers attributed the behavior more to dispositional causes. In the same visual orientation and the no-videotape condition, the actors' attributions were more situational than the observers attributions. In the new-orientation condition, however, the actors were significantly more dispositional than the observers. Thus, the original hypothesis that visual orientation would influence the attributions of both actors and observers was supported.

Comments: This study demonstrates that self-observation can change the causal interpretation a person gives to his/her own behavior. Such a finding has significant implications in the practice of psychotherapy in that it may help clients to begin to become more aware of themselves and thus, accept more responsibility for their own behavior. If such were the case, it would seem to suggest that clients and therapists (who supposedly have built-in biases for dispositional attributions) would converge in their perceptions of events. Clearly, though, there are instances in which increased personal attributions on the part of a client could actually be detrimental and anti-therapeutic. In some of the research on psychotherapy with the aged, for example, as well as the author's earlier work with insomniacs, dispositional attributions acutally resulted in an increase in pathological behavior. Clinicians must be careful not to uniformly apply attribution theory principles to all of their clients in the same manner.

Totman, R. (1982). Philosophical foundations of attribution therapies. In C. Antaki and C. Brewin (Eds.). Attributions and psychological change. New York: Academic Press.

In this chapter, the author postulates two main points: 1) attribution theory has much potential for application to social problems and 2) attribution therapies depend upon the co-existence of discrepant attributions between a helper and helpee. Totman describes attribution theory as "a set of distinctions regarding the types of explanations which are typically offered to explain past actions, and a corresponding set of hypotheses about what governs which explanation is selected in which situation and what the effect of selecting one particular type of explanation will be on the person's mood, behavior and attitudes" (p. 46).

The distinction between internal versus external attributions is a central component of many attributional theories and therapies and, in addition, has parallels in language, law, and philosophy. From these areas stems the important but neglected distinction between attributed, freely-chosen action for which the individual is responsible and attribute, forced action for which the individual cannot be held responsible.

The author provides case study examples of the interaction between a therapist and client in order to illustrate that, in psychotherapy, the use of attribution principles must be supplemented with knowledge of the client's societal norms and personal goals. Totman refers to therapy as an interchange of social information and notes that the value of attribution theory in clinical practice is rooted in the idea that any one particular event can be viewed in different, but equally legitimate fashions. Changing attributions through therapy is dependent upon the exploitation of the different

perceptions held by a therapist and client. For Totman, the potential for change stems from the therapist-client discrepancies. Therapists are seen as instructing their clients to make internal attributions about their new behaviors while the therapists, on the other hand, see the clients' actions as the consequences of their treatment interventions. From a philosophical perspective, then, the author suggests that these different attributions on the part of therapists and clients are what allow the process of psychotherapy to occur.

Wills, T. A. (1978). Perceptions of clients by professional helpers. Psychological Bulletin, 85(5), 968-1000.

Objectives: This article reviews evidence regarding professional helpers' perceptions of the personality characteristics of their clients.

Main Issues: The first section reviews factor analytic studies which have examined the perceptual dimensions used by professional helpers in the process of making perceptions about their clients. The general findings indicate that helpers' perceptions are closely related to their instrumental concerns in providing treatment to clients. In this regard, the three factors which appear consistently across several independent studies are as follows: manageability (to what extent will the client pose a management problem?), treatability (to what extent will the client improve?) and likeability (to what extent will I like the client?)
The second part of this article reviews studies which examine a) the absolute level of helpers' perceptions of clients; b) the relative level of helpers' and laypersons' perceptions; and c) the effect of professional experience on helpers' perceptions. The major findings indicate that

helpers' perceptions and evaluations of a given target's problem-solving capacities are considerably less favorable than laypersons' perceptions. In addition, helpers with more years of experience tend to see higher maladjustment levels and lower motivation for change in clients.

The final section of the paper reviews evidence on the role of the following person-perception processes in the helper-helpee relationship: a) similarity and attraction; b) perceptual consequences of clients' resistance to influence; c) tendency to sample negative aspects of clients' behavior; and d) personalistic tendency in attributions. Briefly, the research suggests that it is difficult for helpers to maintain positive regard for clients who are very dissimilar to themselves; helpers tend to dislike and resent clients who are resistant to help; and the nature of a clinician's work is such that there is a high likelihood of selectively focusing on clients' weaknesses and deficits. In addition, the research reports that personalistic or dispositional attributions on the part of helpers toward clients are much more frequent than situational attributions.

Comments: The often-reported finding that therapists harbor unfavorable perceptions of their clients is a serious charge against professional helpers. Clearly, the presence of negative perceptions would have implications for the helper-helpee relationship, the effectiveness of the helping, and the motivation of all parties involved. Also, it seems that helpers may tend to erroneously attribute to their clients behaviors which are actually a result of the environment or possibly the situational context of the helper-helpee relationship.

Part II. Attribution and the Helping Relationship.

Batson C. D. (1975). Attribution as a mediator of bias in helping. Journal of Personality and Social Psychology, 32(3), 455-466.

Objective: This study uses attribution theory to examine several factors which might lead to bias in the helping process. Five predictions were designed around the following factors: the relationship of attribution of need and help, the effect of role orientation, the effect of diagnostic information, the effect of credibility information and attribution as a mediator in helping.

Participants: Volunteer participants consisted of 19 male students from Princeton theological seminary and 19 male undergraduates from Princeton University. The seminary students were viewed as professionally experienced helpers while the undergraduates represented the helpers who were less experienced.

Method: All participants served as referral counselors in a simulated referral agency. They each heard a series of nine referral interviews. Three of the tapes were used as "buffers" in order to conceal the true purpose of the experiment. The remaining tapes were counterbalanced across participants in a 3 x 2 design and contained the following independent variables: 1) whether a preliminary diagnosis was available, and if so, whether it indicated a personal (mental) or social (drug) disease and 2) the credibility (high or low) of the client as a source of information about his problem. The interview tapes, in which the clients clearly attributed their problems to social situations and were seeking help in getting their situation changed, focused almost exclusively on the

clients discussing their problems. The interviewer on the tape participated only minimally in the discussion. After having viewed each tape, participants were asked to make judgements about the following dependent variables: 1) the locus of the problem; and 2) where to refer the client for help.

Findings: Only 31% of the 228 attributions were in agreement with the client's claim that his social situation was the source of the problem. Clients whose problems were attributed to themselves were more likely to be referred to institutions oriented toward changing the person while clients whose problems were attributed to their social situation were more likely to be referred to institutions oriented more toward changing the individual's social situation. Nonprofessional helpers (undergraduates) made more situational attributions than did the perofessional helpers (seminary students). When the helper had no prior diagnosis of the problem, he made more situational attributions than when he had such information. Expecting a social (drug) problem as opposed to a personal disease (mental problem) did not significantly reduce the tendency for helpers to attribute the problem to the person. Clients who appeared as highly credible received more situation attributions than clients with low credibility.

The helpers' role orientation and the available diagnostic and credibility information significantly affected the form of help offered and in addition, these effects were largely mediated by their influence on the attribution the helper made concerning the locus of the problem. Diagnostic information was also found to affect helping independent of its effect on attribution.

Comments: This study, although conducted as a simulation, has significant implications for the role of attribution in the therapy process. Often, in real situations, as was the case in the experiment, professional helpers are supplied with a great deal of background information about clients prior to an initial meeting. It is somewhat disconcerting to find that helpers often do not respond to clients' requests for help in the manner requested. While a client's situational attributions may not necessarily be correct, a discrepancy between the attributions made by the client and helper is deserving of further attention since such a discrepancy may actually undermine the therapist's intentions to help. Finally, the results of this study suggest that cognitive processing by the clinician is an important determinant of the help a client receives.

Batson, C. D., O'Quinn, K. & Pych, V. (1982). An attributional theory analysis of trained helpers' inferences about clients' needs. In T. A. Wills (Ed.), Basic processes in helping relationships (pp. 59 - 80). New York: Academic Press.

This paper examines helpers' inferences about the locus of clients' problems from the perspective of attribution theory. The authors claim that the charge of a dispositional bias in trained helpers' inferences is a serious one since it implies attributional error and as such, is deserving of careful examination. While they acknowledge the possibility of interactional attributions, the authors focus their discussion on the dichotomous choice between dispositional and situational attributions. It is assumed that a dispositional attribution will result in a helping response directed toward changing something about the client; a situational attribution, in contrast, will lead the helper to act directly to change something about the client's situation or assist the client in their efforts to change the situation.

The following seven potential sources of dispositional bias in trained helpers' attributions, four due to the helpers being in the role of observer and three to their being in the specific role of helper were identified:

1. As an observer, the helper's attention is focused on the client rather than the situation.
2. Information about the problem is selective: helpers often see only the client, and only in the therapeutic setting.
3. Information about the problem is cast in the medical model.
4. Situational information provided by the client may be discounted.
5. Training as a helper may set expectations for dispositional problems.
6. Helpers are expected to protect society, and they know that deciding a problem is dispositional when it is not is a less serious error than deciding it is not dispositional when it is.
7. Helpers are expected to help, and they know that the available resources are predominantly oriented to changing the client.

In a review of the relevant literature, the authors note that neither themselves, nor any other researchers, have yet to clearly demonstrate that a) there exists a dispositional bias on the part of trained helpers; or b) that the more dispositional attributions are erroneous. Future research strategies for studying bias should shift investigators' attention away from personnel issues (trained versus untrained helpers; psychodynamically versus behaviorally-oriented therapists) and toward process issues. Thus, instead of asking who is biased, it is important to look at the factors and conditions which produce attributional bias.

Galper, R. E. (1976). Turning observers into actors: Differential causal attributions as a function of "empathy." Journal of Research in Personality, 10, 328-335.

Objectives: The purpose of this study was to test the hypothesis that observers can be induced to develop an "empathic" orientation toward an actor and in so doing, shift their attributional bias from the dispositional to the situational perspective.

Participants: Thirty-six male undergraduate students at a New York state college served as participants.

Method: All participants were read a brief story describing in detail an incident in which a young man performs a heroic act of saving a baby from a burning building. Participants in group A, the "empathy" condition, were instructed to imagine themselves in the role of the protagonist while participants in Group B, the "social perception" condition, were instructed to picture the events clearly. The dependent measure consisted of 1) open-ended written explanations of why the young man attempted to save the baby and 2) scaled ratings of the extent to which his behavior had been determined by personal characteristics and situational factors.

Findings: Participants in the empathy condition placed significantly greater emphasis on situational as opposed to personal characteristics of the actor than did participants in the social perception condition. Furthermore, those who had not been instructed to empathize with the actor displayed an "observer bias" in that they tended to rate personal factors as significantly more important than situational factors. In contrast, empathy condition participants exhibited a reversal of the "observer bias" since they rated personal factors as significantly less important than situational characteristics. The authors suggest that, since the information available to the two experimental groups was indentical, the present findings support Jones and Nisbett's (1971) earlier speculation that differences in information-processing may play a major role in the mediation of the causal attributions of actors and observers.

Comments: In some ways, the present findings actually seem to be in disagreement with Jones and Nisbett's notion of "observer bias." Based on the results in this study, for example, we would expect that therapists, who supposedly have been trained to empathize with their clients, should be more likely to make situational attributions about clients' behavior. Ironically, though, the available empirical evidence suggests a tendency toward dispositional bias on the part of the therapist. In light of this contradiction, further examination of the role of empathy in a therapist's training is warranted.

Karuza, J., Zevon, M. A., Rabinowitz, V. C., and Brickman, P. (1982). Attribution of responsibility by helpers and recipients. In T. A. Wills (Ed.), Basic processes in helping relationships. New York: Academic Press.

Objectives: This chapter, which is based on the theoretical models of helping and coping developed by Brickman et al. (1982), examines the implicit psychological dynamics which determine the form and outcome of helping interventions. In addition, the authors review empirical research which demonstrates the impact of these assumptions on the efficacy of applied interventions for specific, at-risk populations.

Main Issues: The authors argue that studies which concentrate on whether or not people will help others and how much help they will give ignore the critical question -- what kind of help will people see as appropriate? According to Karuza et al., the answer to this question is determined by what helpers and helpees believe are the causes of problems and what must be done to solve the problem. These assumptions, in turn, shape the nature of the therapy interaction and interventions. The authors describe Brickman et al.'s four models of helping and coping and discuss the consequences of each model.

In their review of relevant research, the authors report empirical evidence which suggests that helpers tend to adopt the medical model orientation when working with aged populations. Moreover, it was found that the elderly tend to prefer the type of help implied by the medical model. Paradoxically, however, these same investigators found that attribution of responsibility for solutions was correlated with a variety of favorable outcomes.

A critical component in the success of interventions is the proper matching of the helping models preferred by helper and clients. Misapplication of models may lead to a number of negative consequences including ineffective treatment and the socialization of clients into adopting dysfunctional perceptions of themselves. Ideally, the choice of a particular helping model should be a function of the client's potential, a rational appraisal of the etiology of the problem and the possible reactive effects of the models themselves. The authors discuss real world factors such as institutional problems, legislative guidelines, the formal training of the helper and the helper's personal experiences, which may constrain a helper's choice of models.

Comments: Some practicing clinicians believe that the need for a therapist and client to resolve conflicts regarding attributions of responsibility and blame represents an important process in therapy. There is some available literature which suggests that the matching of helping models held by a therapist and client leads to greater therapeutic effectiveness and enhanced outcomes. The authors suggest that a cyclical or interactive view of helping is perhaps the best reflection of what takes place in psychotherapy.

Langer, E. J. & Abelson, R. P. (1974). A patient by any other name . . . clinician group difference in labeling bias. Journal of Consulting and Clinical Psychology, 42(1), 4-9.

Objectives: This study is based on previous research in which it was found that 1) labels create cognitive sets which influence subsequent perception of others; and 2) the effect of labels is not easily overridden by additional information which might be procured through interaction. The authors assume that prior beliefs or attitudes and training will effect how one uses labels. Thus, the present experiment tests the hypothesis that the therapeutic orientations of clinicians would influence the effect that labels had on their clinical judgements.

Participants: Forty clinicians, (graduate or post doctoral clinical students, residents or faculty members) associated with university departments known to be either behaviorally or psychodynamically-oriented served as subjects.

Method: Participants observed a video tape of staged, unstructured interviews which focused on the interviewee's feelings and experiences relating to his past work. All participants heard a set of instructions asking them to view the tape and complete a short questionnaire evaluating the interviewee. In group A (n = 20), the interviewee was labeled as a "patient" to participants while in group B (n = 20), participants were told that the interviewee was a job applicant. Clinicians from both orientations were included in groups A and B. The dependent measure was an open-ended questionnaire asking for a brief description of the interviewee, his gestures, attitudes, the factors explaining his outlook on life and what kind of job they would recommend for him.

Findings: There was no significant difference in mean ratings of adjustment by clinicians from the different orientations when the interviewee was labeled job applicant. In contrast, however, the patient label did produce sharp differential effects with the traditional therapists, in comparison to the behavior therapists, labeling the patient as more disturbed. Analyses of variance results indicated that the traditional, psychodynamic participants generated a significantly larger adjustment difference between job applicant and patient than did the behavioral participants. Essentially, the behavior therapists avoided the bias in which the label of patient produces drastically negative interpretations, even when an extended visual and verbal segment filled with personal cues was available.

Comments: The results of this study indicate that labels impact an observer's subsequent perceptions of an actor. By assigning different labels, different people can be influenced to view the same event in quite disparate ways. In this study, for example, the labels assigned to the interviewee set the traditional therapists to look for characteristics different from those attended to by the behaviorists. Practically speaking, this investigation has implications since a therapist's tendency to think of a client as a patient can significantly affect the types of attributions and ultimately, the interventions that he/she makes in working with an individual. Thus, it seems that labels may interfere with the therapist's ability to objectively evaluate his/her clients.

Regan, D. T. and Tolen, J. (1975). Empathy and attribution: Turning observers into actors. Journal of Personality and Social Psychology, 32(5), 850-856.

Objective: The purpose of this study was to examine Jones and Nisbett's information-processing mechanism of mediating actor-observer attributional differences. This concept states that situational aspects are more salient for actors while characteristics of the actor and his/her behavior are more salient for observers.

Participants: Forty female undergraduate volunteers served as the participants.

Method: All participants viewed a videotape of a "get-aquainted" conversation while seated in a private cubicle. One half of the participants were instructed to empathize with one of the females in the video while the others were told simply to observe her. Two tapes had been made of the conversations and participants either observed the two-person tape which showed both the target person and the other conversant or a one-person tape which showed only the target person, although the conversant's voice was audible. The dependent variables included two questions which asked participants to rate on a 9-point Likert-type scale, the importance of the personal characteristics of the target and the importance of the characteristics of the situation.

Findings: Analyses of variance indicated that participants who viewed the conversation after receiving empathy instructions made more situational and less dispositional attributions for the target's behavior than did participants who received the standard observer instructions. In addition, the effect of empathic instructions was significant when participants watched either the one- or two-person videotape. Empathic observers made attributions which were more like those usually made by actors themselves. Overall, the results support the authors' original hypothesis that "taking the role of the other" via empathic instructions results in observers' causal attributions for another person's behavior becoming more situational and less dispositional.

Comments: Strong support is provided for Jones and Nisbett's notion that information-processing differences between actors and observers, which is a function of their different observational perspectives, underlie the tendency toward different perceptions of the causes of behavior. Therapists, working with families and couples, might consider employing techniques, such as role-playing or viewing videotapes of family interactions, as a way to help clients develop a new perception of others' behavior.

Sherrard, P. A. D. & Batson, C. D. (1979). Client and counselor perception of the client's problem: An analysis of initial assessment based on attribution theory. Journal of College Student Personnel, 20, 14-23.

Objectives: This study was designed to assess counselor bias in actual counseling sessions by comparing attributions of the locus of the problem and of needed change made by both client and counselor at the time of the initial interview. Based on the attribution theories of Heider, Jones and Kelley, two differences between client and counselor perceptions were hypothesized:

1. Counselors were expected to perceive client's problems to be more personal (as opposed to situational) than the clients themselves.
2. Counselors were expected to perceive needed change to be more personal (as opposed to situational) than the clients themselves.

Participants: Forty-two new clients (24 females, 18 males) and their intake counselors at a university counseling center served as the participants. Twenty-seven of the clients presented with vocational problems while the remaining 15 of them presented personal-social problems.

Method: Prior to meeting with a counselor for an initial session, all clients completed an assessment form which asked them to briefly describe their difficulty and indicate how bothered they were by their presenting problem. In addition, participants were required to complete two attribution items which asked them to rate on an 8-point scale whether they thought their problem was "exclusively with your personal characteristics" or "exclusively with your social situation." Immediately after the interview, the intake counselor completed an assessment form which contained the same four questions that were presented to the clients except that the counselors' questions were asked in the context of their clients' problem.

Findings: Perceptions of locus of the problems and needed change were assessed in a 2x2x2 factoral design. Overall, the results failed to support either of the authors' original hypotheses. There were no significant differences in the predicted directions since there was a tendency for counselors to rate the locus of the problem and needed change less personally than did clients. It was only when the counselors were rating needed change for personal social problems that their evaluations were more personal than their clients' but, as the authors note, this difference was not statistically significant. Correlations between attributional judgements of clients and counselors indicated that their agreement regarding perceptions of the locus of the problem and needed change was not high. Generally, clients did not display evidence of an actor bias toward making more situational attributions but rather, tended to rate their problems (both vocational and personal-social) and needed change as relatively personal.

Comments: In discussing the unexpected results of the study, the authors warn their readers not to jump to the conclusion that the prediction of a personal problem bias in counselors' initial assessments is wrong. Instead, they emphasize that while counselors' ratings were roughly as predicted, it was the personal nature of the client ratings that was unexpected and hence, accounts for the results not supporting the original hypothesis. In discussing these findings, Sherrard and Batson indicate that perhaps the types of people who seek mental health services are those who already perceive their problems as reflecting a personal weakness. Also, it is suggested that clients may have preconceived perceptions of counselors as people who help others with personal, rather than situational problems.

Snyder, C. R. (1977). "A patient by any other name" revisited: Maladjustment or attributional locus of problem? Journal of Consulting and Clinical Psychology, 45(1), 101-103.

Objectives: The two primary objectives of this study were as follows: 1) to reanalyze the Langer and Abelson (1974) data in order to determine whether therapists' professional training (psychodynamic versus behavioral) influences their perceived attributional locus of the problems of their clients and 2) to examine the correlations between maladjustment and attributional locus of the problem.

Participants: Forty clinicians, (graduate or post doctoral clinical students, residents or faculty members) associated with university departments known to be either behaviorally or psychodynamically-oriented served as participants.

Method: Participants observed a videotape of staged, unstructured interviews which focused on the interviewers' feelings and experiences relating to his past work. All participants heard a set of instructions asking them to view the tape and complete a short questionnaire evaluating the interviewee. In group A (n = 20), the interviewee was labeled as a "patient" to participants while, in group B (n = 20), participants were told that the interviewee was a job applicant. Clinicians from both orientations were included in groups A and B. For the present study, participants' responses to a question regarding the locus of the interviewee's problem was rated on a 9-point scale where 1 = totally in the situation, 5 = equally situational and person-based and 9= totally in the person.

Findings: The psychodynamic clinicians saw the interviewee's problem as being more person-based than did the behavioral clinicians, particularly when the interviewee was labeled as a patient. There was a positive correlation between maladjustment and locus of problem such that greater maladjustment correlated significantly with more person-based attributions.

Comments: These findings seem to suggest that both maladjustment and attributional locus of the problem are important components of therapists' impressions of clients. Often, clinicians are required to formulate diagnoses following an initial session which, particularly in an inpatient setting, is the period when a client looks least well-adjusted. Clearly, it is not advisable for clinicians to base their treatment interventions solely on initial impressions but rather, should engage in frequent reappraisals of their client's functioning.

Snyder, C. R., Randee, J. S. & Schmidt, A. (1976). Effects of role perspective and client psychiatric history on locus of problem. Journal of Consulting and Clinical Psychology, 44(3), 467-472.

Objectives: The purpose of this study was to explore the effects of varying role perspectives on a person's subsequent attributions about another person. The authors were testing the hypothesis that participants who assumed a counselor role would make significantly more personality attributions than would subjects who were in the client role.

Participants: Ninety female volunteer undergraduate psychology students who were partially fulfilling course requirements served as participants.

Method: Participants were placed in either an experimental group (n = 45) in which they were instructed to imagine themselves in the role of either the counselor or the client on a taped interview or a control group (n = 45) in which participants were not told to assume any role perspective. The 5-minute audio tape, viewed by all participants, consisted of a bogus interview between two advanced graduate students in which the "client" clearly states that she perceives her situation as being the cause of her problems. Ten judges, blind to the experimental hypothesis, had previously rated the tape as portraying a more situational than personal problem. A 3x2 factorial design was used in which role perspective (counselor, control, client) and client psychiatric history (chronic, first session) were the independent variables. The dependent variable was attributional locus of the client's problem (situational to personality-based).

Findings: The major finding indicated that counselor-role participants made significantly more personality attributions than did client-role or control participants, thus supporting the authors' experimental hypothesis. Furthermore, there were no significant differences between the client-role and control participants. Client psychiatric history was also found to be significant in that chronic clients were viewed as having more personality-based problems than first session clients.

Comments: Role perspective and client psychiatric history did affect participants' attributions of a client's problems. Participants in the counselor role demonstrated the usual observer (more personality - than situation - based attribution) bias whereas participants who assumed the role of client demonstrated the typical actor (more situation - than personality-based attribution) bias.

On the whole, these results have limited generalizability since they were conducted in the context of a simulated, laboratory experiment using only female undergraduates as the participants. Despite this, however, they do raise some important questions about the role of attributions in psychotherapy. The data suggests that a person's "mental set" and the way they process certain pieces of information will affect their subsequent attributions. In many therapy situations, the therapist often has a substantial amount of background information about a client which, according to the present results, may tend to bias their perceptions of their clients. This biasing could potentially have a negative effect on the direction and outcome of psychotherapy.

Part III. Attribution Therapies and Psychopathology

Brewin, C. & Antaki, C. (1982). The role of attributions in psychological treatment. In C. Antaki, & E. C. Brewin (Eds.), Attribution and psychological change. New York: Academic Press.

Objectives: This chapter describes the development of attributional therapies and critically examines how such treatments are related to the attribution theories on which they are based.

Main Issues: Attribution change can be employed in two different ways with respect to the practice of psychotherapy: 1) it can be used as a therapeutic tool to facilitate the achievement of an externally defined goal, or; 2) attributional change itself can be the goal of the treatment. Changing people's explanations for their problems is an implicit part of many therapies since clients are often seen as wrongly perceiving the cause of their problems and therapists attempt to replace these perceptions with more accurate ones.

The authors review two examples of models in which attribution change is employed as a therapeutic tool. One of these approaches, based on the notion that actors and observers make different types of attributions, attempts to improve problems in interpersonal relationships by altering attributions for the behavior of another person until such attributions are mutually acceptable. The second approach, known as "misattribution therapy" attempts to get people to re-label their feelings of arousal by attributing the arousal to a neutral source. The Storms and Nisbett research for the treatment of insomnia is reviewed as an example of an attempt to employ misattribution therapy.

The models in which attribution change is seen as a therapeutic goal tend to specify relationships between attribution and certain types of variables, such as self-esteem or expectations of success and failure, which are important factors in therapy outcome. As a group, then, these theories assume that it is possible to identify certain attributional patterns as maladaptive and seek to change them in specified directions. The intent is that clients, having reappraised certain problematic situations, will increase their perceptions of personal competency. In order to achieve this end, however, therapists must first convince their clients that the cause of their symptoms is something which is potentially controllable.

Comments: One of the critical issues raised by the attribution therapies discussed in this chapter is whether or not clinicians, who persuade their clients to assume different attributions, are actually helping clients to attain more accurate attributions. Brewin and Antaki cite work by Totman who claims that the issue of truth or falsity is essentially irrelevant -- what matters is what the clients' believe in since it is that belief which will affect future behavior.

Harvey, J. H. & Galvin, K. S. (1984). Clinical implications of attribution theory and research, Clinical Psychology Review, 4, 15-33.

Objectives: This paper reviews the role of attribution in psychotherapy theory and practice.

Main Issues: The review focuses on the following topic areas: 1) the relatively extensive literature on misattribution research; 2) misattribution-like approaches; 3) attribution and behavior change; 4) depression and learned helplessness from an attributional perspective; and

5) attribution and relationship therapy.

The principle findings within each of the above-noted areas are as follows:

1) Further research data is needed in order to validate the widespread application of misattribution therapies.

2) Examples of successfully employed misattribution-like approaches are highly prevalent in single case histories in which therapists employ paradoxical techniques by prescribing to clients their own symptoms.

3) Helping clients to shift from dispositional to situational attributions about themselves may not be sufficient for long-term change.

4) Both Abramson and Beck emphasize the cognitive aspects of attribution theory in order to explain depression and learned helplessness. It is noteworthy that, despite the popularity of Abramson's approach, the model has essentially remained untested on clinical populations.

5) The attribution approach is being increasingly applied to the area of relationship therapy with married couples and other groups of individuals who are involved in intimate relationships.

Comments: This paper illustrates the pervasive influence of attribution theory in contemporary psychotherapy. Despite the increased importance of attribution in clinical work, however, many questions remain unanswered. Future research needs to focus more specifically on the relationships between attribution and diagnoses, psychopathology, target symptoms and treatment issues.

Sparacino, J. (1978). An attributional approach to psychotherapy with the aged. Journal of the American Geriatrics Society, 26(9), 413-418.

Objective: This paper addresses the role of attribution theory in psychotherapy with elderly populations.

Main Issues: The author reviews some of the major concepts in attribution theory noting, in particular, the tendency of persons to make external attributions about their own behavior and internal attributions about the behavior of others. The opposite effect is often seen in the elderly, however, who tend to make dispositional attributions about their own behavior. The role of social consensus in making causal attributions is also discussed and Sparacino notes that often, people's reluctance or inability to employ such processes can lead to self-attributions of mental illness or personal inadequacy. Destructive, harmful attributions can also emerge in order to account for the behavior of others toward oneself and to explain unusual sensory occurrences. With the aged, for example, making dispositional attributions because of losses or distortions in hearing or visison can be extremely detrimental and is deserving of special consideration by clinicians working with elderly persons.

Sparacino argues that attribution therapy is particularly well-suited for the aged because 1) elderly persons often neglect to employ social consensus processes and 2) the elderly often develop a restricted orientation of time and space. Conducting psychotherapy with the aged is not dissimilar from other uses of attribution therapy, in that the therapists must challenge their clients' dispositional attributions, thereby helping them to view their symptoms as a function situational factors.

Comments: The author illustrates that there is a need for future investigators of psychotherapy to take into consideration the needs of special populations, such as the aged. Furthermore, the suggestion that attribution theory and therapy has relevance to working with elderly persons provides further support for the utility of attribution in clinical psychology.

Valins, S. and Nisbett, R. E. (1971). Attribution processes in the development and treatment of emotional disorders. In E. E. Jones, D. E. Kanouse, H. H. Kelley, R. E. Nisbett, S. Valins, & B. Weiner, Attribution: Perceiving the causes of Behavior. New Jersey: General Learning Press.

In this paper, the authors describe how attribution processes may help explain the development of some emotional disorders and how they can be incorporated into treatment procedures. It is argued that the failure or inability of persons to use social consensus to evaluate undesirable behaviors can lead to self-ascriptions of mental abnormality and personal inadequacy which ultimately, can become extremely debilitating. Attributions damaging to a person's health can include misinterpretations of one's own behavior or the behavior of others toward oneself. Under situations in which social comparison with others is not available, people tend to erroneously develop dispositional attributions about their behavior when situational explanations are actually more appropriate. The authors provide case examples in which dispositional attributions lead to feelings of inadequacy and abnormality. Attributional therapy is discussed as a treatment modality in which dispositional attributions are systematically attacked and replaced by less harmful situational attributions.

The authors describe a series of empirical investigations which employ drugs as a possible attribution in order to explore the consequences of stimulus attributions and circumstance attributions. The general findings indicate that it is beneficial for people to attribute their behavior more to extrinsic circumstances (i.e., a drug) than to intrinsic reactions when an attribution to an intrinsic stimulus would result in maladaptive behavior or a damaging dispositional inference. In contrast, it is best to attribute their behavior more to an intrinsic source (i.e., a new, positive attitude toward a

stimulus) than to extrinsic circumstances when an attribution to the stimulus is likely to result in adaptive behavior or a self-enhancing dispositional inference.

The research described by Valins and Nisbett in which drugs or placebos were prescribed suggests that the "placebo-effect" may not always be beneficial in the drug-taking or general treatment situation. It was demonstrated that identifying a drug to its user as very strong can lead to adverse results. If the drug is effective, a person may not apply him/herself to important components of the treatment and in addition, whatever change has occurred may disappear when the drug is discontinued. In contrast, if the drug proves to be ineffective, the person may infer extereme illness which could potentially further exacerbate their condition. It is possible to think of the treatment situation as a potential external, circumstance attribution. Clients are not likely to benefit from treatment if they believe that their behavior change is due merely to their treatment program but, on the other hand, if clients are able to attribute change to new-found reactions to the stimuli in their lives, then it can be expected that they will benefit from treatments.

Part IV. Attribution and Information-Processing

Bassili, J. N. & Regan, D. T. (1977). Attributional focus as a determinant of information selection. The Journal of Social Psychology, 101, 113-121.

Objective: This study was designed to examine the effects of attributional focus on informational preference. The author's general hypothesis is that perceivers actively search for and select information which is most suitable to their needs. It is suggested that Kelley's three types of information (distinctiveness, consistency, and consensus) are each useful, depending on the perceivers' attributional focus.

Participants: Male and female undergraduate volunteers (N = 152) from psychology courses served as participants.

Method: All participants read brief descriptions of simple actions. Their attributional focus was manipulated through instructions to determine whether the action was caused by something about the actor (person-focus), something about the entity (object-focus), or something about the particular circumstances (circumstance-focus). Participants were subsequently asked to select which of three types of information they would find most useful to arrive at a causal attribution. The information types from which the participants selected included distinctiveness (whether the actor behaved similarly toward other objects), consensus (whether other people behaved similarly toward the object) and consistency (whether the actor responded similarly to the object on past encounters). A control condition, in which all participants received a separate action description with no attributional focus, was included to provide baseline data for informational preference in the absence of a specific manipulated attributional focus.

Findings: The general finding indicated that informational preference varied according to attributional focus. Participants given a person-focus were most likely to select distinctiveness information, object-focused participants were most apt to choose consensus information and participants with a circumstance-focus were most likely to prefer consistency information. Findings from the control condition indicated that, when no particular attributional focus was provided, participants exhibited an information-seeking pattern similar to that of person-focused participants. Together, these results indicate that informational focus significantly affected the type of information participants preferred in order to arrive at a causal explanation for an action.

Comments: The present study employed a laboratory design in order to create certain conditions which the investigators believed would induce a "logical" set among participants. Thus, as the authors suggest, the results should be generalized with caution to other situations. Clearly, the current findings raise the question of whether people in real-life situations who are engaged in attributional analyses would vary their informational preferences in a manner similar to that reported in the current study.

Federoff, N. A. & Harvey, J. H. (1976). Focus of attention, self-esteem and the attribution of causality. Journal of Research in Personality, 10, 336-345.

Objective: This study examines how actors' attributions of causality are affected by their expectancies about the outcome of an event (positive or negative) and ther observation of the actual outcome while in a state of high or low objective self-awareness.

Participants: Eighty female undergraduates participated in order to fulfill a course requirement.

Method: All participants were informed that, with the aid of a therapeutic script, they would serve as a therapist for a confederate client who had a snake phobia. Participants were seated next to a metered box containing a scale labled "relaxed" at one end and "not relaxed" at the other end. They were led to believe that the needle was controlled by the client to whom electrodes had supposedly been attached. In the presence or absence of a camera (high versus low objective self-awareness conditions), participants subsequently delivered the therapeutic instructions which were expected to have a positive or a negative effect (positive versus negative expectancy conditions) and which resulted in a positive or negative effect (positive versus negative outcome conditions) on a pseudo-client. The dependent measure, administered to all participants, consisted of a series of questions regarding expected success of therapy, perception of its acutal success, attribution of causality for therapy outcome to the therapist's performance or the client's problem, and amount of effort expended in administering therapy.

Findings: Analyses of variance indicated that participants in the Positive Expectancy conditions expected therapy to be more successful than did participants in the Negative Expectancy conditions. In addition, Positive Outcome participants felt that the therapy had been more successful than did negative outcome participants. Attributions to self were influenced in an interactive manner by self-awareness and the observed outcome of the therapy. Specifically, attributions to self were greater in Positive rather than Negative Outcome conditions and the differences were much more pronounced in the High versus Low Objective Self-Awareness conditions.

There was no evidence for the expected main effect of self-awareness upon attributions to self but self-awareness did interact with observed outcome to affect attributions to self. Attributions to the patient were influenced not only by self-awareness but also by the expected and observed outcome of the therapy. Specifically, attributions to patient were high under High Objective Self-Awareness when a positive outcome was expected but a negative outcome acutally occurred. Also, attributions to the patient were low under High Objective Self-Awareness when a positive outcome was expected and did occur.

Comments: The results of this study suggest that self-awareness intensifies psychological processes which are stimulated by the properties of a situation. Clearly, however, additional research is necessary in order to gain a better understanding of how self-awareness combines with other processes, such as in the maintainance of self-esteem, to influence attributions.

Feldman, N.S., Higgins, E. T., Karlovac, M., & Ruble, D. N. (1976). Use of consensus information in causal attributions as a function of temporal presentation and availability of direct information. Journal of Personality and Social Psychology, 34(4), 694-698.

Objective: This study explores the role of consensus information in the formation of causal attributions.

Participants: Sixty undergraduates were paid to participate in the study. 20 males and 20 females were in the direct information condition while 10 males and 10 females were in the no-direct information condition.

Method: All participants viewed four videotapes of a person choosing a favored item from a group of items. Immediately after the target actor in the vignette had chosen an item, four other actors in the group either agreed with the target's choice by raising their hands, nodding, and smiling (high consensus condition) or disagreed with the target's choice by negatively shaking their heads and frowning (low consensus condition). Other variables which were manipulted included: 1) the availability of direct information prior to viewing the tape (participants either saw the stimulus items the actors examined or did not) and 2) temporal presentation whereby consensus information was presented either simultaneously (the actors all responded in unison) or successively (each of the actors responded individually). After having viewed the videotapes, participants responded to the following two questions: 1) "Does the target's choice tell you more about him/her or more about the object on the card?"; and 2) "How much?"

Findings: High consensus led to stronger entity attributions and low consensus resulted in increased person attributions. Manipulated consensus information had little effect on direct-information participants while the attributions of no-direct information participants varied with consensus information. The effect of consensus was much stronger when the information was presented successively than when it was presented simultaneously.

Overall, these results indicate that participants who were asked to make causal attributions for an actor's behavior, and who were previously given only consensus information, used this information as would be expected from Kelley's model of attribution. Participants who had direct information did not use consensus information in making causal

attributions. When the particpants had either direct information about the target or stimuli, they were able to use their own personal reactions as a basis for inferences about the target's behavior; thus, in these instances, consensus information had little or no effect.

Comments: While the results support the study's hypothesis that individuals with no available direct information will use consensus information to form their attributions, this pattern of results has not been consistently reported in the literature. The authors note, however, that the findings have implications for the effects of consensus information in the everyday world.

Hastie, R. (1984). Causes and effects of causal attribution. Journal of Personality and Social Psychology, 46(1), 44-56.

Objective: The main objective of this series of three studies was to examine the following questions: 1) Under what conditions do we attempt to explain why an act has occurred; and 2) What effect does causal reasoning have on the subsequent use of information stored in memory?

Participants: Each of the three studies had its own group of 24 undergraduate students serve as participants. Approximately equal numbers of males and females were in each experiment.

Experiment I:

Method: All participants received six lists of either 3, 6, or 9 sentences in length which contained written descriptions of behaviors performed by hypothetical persons. Each list was associated with either a positive or negative trait adjective and, within each list, two-thirds of the behavior descriptions were congruent with the trait adjective while one-third were

incongruent. For each descriptive phrase, participants wrote a continuation (a short phrase which provides a plausible extension of the original description) of each sentence and, following completion of this task, were unexpectedly asked to recall as many of the behavior description phrases as they could remember. Dependent measures included a group of judges' ratings of the participants' written statements into one of three coding categories: 1) explanation (why was the act performed?); 2) elaboration (what were the circumstances when the act occurred?); and 3) temporal succession (what happened after the act occurred?). In addition, memory measures, based on the recall task, were also obtained.

Major Findings: Participants were more likely to continue an incongruent item with an explanation as compared to congruent items. Congruent items were recalled at a lower level than incongruent items. No significant difference between recall for behaviors attributed to a good vs. bad person were found. A significant positive correlation between the probability of explanation and the probability of recall measures was obtained. The authors note that this last finding suggests the possibility that causal attributions influence recall and proceeded to design Experiment II in order to further test this relationship.

Experiment II:

Method: The participants and procedure were similar to those described in Experiment I except for the following change: the type of continuation was manipulated by the experimenter and became the primary independent variable in the design. The dependent variable was the probability of recall of items presented under the various instruction sets.

Major Findings: Incongruent items were recalled with a higher probability than congruent items. Items continued by an explanation, rather than an elaboration or succession phrase, were best remembered. Thus, continuation type had an effect on probability of recall and in addition, causal continuation provided for more memory recall than did other types of continuation phrases.

Experiment III

Method: This control experiment was conducted in order to determine whether or not the continuation task required different amounts of time under the different continuation instructions. A thorough outline of the method section was not provided by the author. The major findings indicated that there was no evidence to suggest that total time to write the different types of continuations was responsible for differences in recall of items.

Comments: As a group, this series of studies suggests that unexpected events elicit causal reasoning which, in turn, produces good memory recall of these events. Furthermore, the results suggest that people are more likely to remember events whose occurrence they have reasoned about rather than events which did not elicit causal reasoning. In his general discussion of the results, Hastie reviews his findings in the context of other supportive empirical research and speculates about the implications of his results for theories of causal reasoning and social memory.

In terms of therapist-client interactions, this tendency to engage in causal reasoning around unexpected behaviors and a high level of recall for such events might cause clinicians to attend more to a client's bizarre or unusual behaviors. Thus, this approach might lead the therapist to overlook or underestimate the client's strengths and more normal behaviors. Certainly, it could result in a narrow perception of the client.

Langer, E. J. (1978). Rethinking the role of thought in social interaction. In J. H. Harvey, W. J. Ickes, & R. F. Kidd (Eds.), New directions in attribution research. Hillsdale, N.J.: Erlbaum Associates.

Objective: This chapter challenges the general assumption in attribution theory that people are active and systematic cognitive information-processors.

Main Issues: A review of research in the fields of communication, linguistics, and cognitive psychology indicates that people selectively process information. In social psychology, most theories including attribution theory, take for granted the notion that people typically engage in thoughtful action or behave "as if" they are engaging in thoughtful action. Langer argues with this assumption and instead, suggests that most of people's behavior, including that which occurs in social interactions, can be enacted without paying attention to it. In many instances, people may believe that they had been thinking but, in reality, they were simply behaving in accordance with well-learned and general "scripts." People's awareness of their activities is said to vary directly with their degree of repeated experience with that activity. Thus, the more someone has engaged in a behavior, the more likely she/he is to rely on scripts to complete the behavior.

The author reviews both direct and indirect research which supports her "nonthinking" hypothesis and concludes that much of the behavior we assume to be performed mindfully instead is enacted rather mindlessly" (p. 50). People seem to rely first on their well-learned scripts which, if unavailable, might then lead people to assume a more active role with

regard to information processing. It is suggested that much of our research in attribution and information processing is not applicable to the real world because, as a result of the demand characteristics of the laboratory setting, people who participate in experiments are in an unusually heighted state of awareness. Langer reviews some recent studies by she and her colleagues which indicate that helping people to actively think about events can be extremely productive and helpful.

Comments: Langer argues that attribution theorists may have presumed too much mental activity on the part of people as they engage in everyday activities. This idea raises some questions about the extent of attributional processes in psychotherapy. Perhaps it is an error to think that therapists either a) regularly engage in attribution information processing in their work with clients or b) that their attributions occur in any logical, thoughtful or systematic fashion. Furthermore, Langer's propositions would seem to suggest that when someone, such as a new therapist, first experiences an event, they tend to be more conscious and aware of what is happening in that particular situation. In contrast, she proposes that with repeated experiences of the same event, there is less need for such conscious attention. Following this line of reasoning, then, it might be hypothesized that experienced clinicians will engage in a variety of therapist behaviors with a minimal level of awareness since many of their behaviors have become overlearned. In making such speculations about when thinking and attributional processing will or will not occur in the process of therapy, it must be noted that much of the research cited by Langer to support her argument is based on extremely routine and mundane behaviors.

Nisbett, R. E., Borgida, E., Crandall, R. and Reed, H. (1982) Popular induction: information is not necessarily informative. In D. Kahneman, P. Slovic & A. Tversky (Eds.), Judgement under uncertainty: Heuristics and biases. Cambridge: Cambridge University Press.

Objectives: This chapter examines Kelley's concept of consensual information and its influence on the causal attribution process.

Main Issues: The authors provide evidence that there is little scientific support for the notion that people employ consensus information when making attributions. Research findings indicate that the failure to utilize consensus information occurs both when the actor is another person or when the actor is oneself. Similarly, people tend to ignore population base rates when making predictions about the category membership of a target member of a population. For Nisbett et. al., the key question then becomes, "why do people treat base-rate information as if it were uninformative?" By its nature, base-rate or consensus information tends to be remote or abstract while in contrast, actor or target information is salient and concrete. Thus, information which scientists regard as highly pertinent and compelling is habitually ignored by people while logically weaker types of information are more apt to trigger strong inferences and attributions.

Nurcombe, B. & Gallagher, R. M. (1984). Clinical reasoning in psychiatry: research and education. Unpublished manuscript, University of Vermont, College of Medicine, Department of Psychiatry..

Objective: This manuscript reviews empirical research in the area of clinical reasoning as used by psychiatrists.

Main Issues: The authors outline the main approaches to clinical reasoning: 1) clinical judgement; 2) decision theory; and 3) information-processing. The first two of these models are prescriptive and actuarial while the latter model is descriptive in nature. The natural steps of clinical problem-solving seem to involve a hypothetical-deductive process in which the clinician transforms an "open" problem into an array of "closed" problems, generates a series of hypotheses, and then seeks evidence for or against each hypothesis. Diagnostic process research has shown that experienced psychiatrists employ this approach in clinical problem-solving. Specifically, they discern salient cues, draw clinical inferences, assemble patterns, generate hypotheses, select an inquiry plan, gather additional evidence, weigh it in order to attain a diagnostic conclusion and finally, generate management plans based upon their diagnoses.

The authors review their own research findings which demonstrate that, when compared with new clinicians, experienced psychiatrists tend to generate hypotheses earlier, are more consistent in evaluating them, more likely to provide rationales for ther enquiry plans and are more accurate in their diagnoses. The authors describe their new training program in clinical reasoning which is designed to enhance the tactics and strategies of diagnostic reasoning of psychiatrists. Preliminary evaluation research of their program is encouraging and suggests that systematic clinical judgement is teachable. In their final comments, the authors note that future research in clinical judgement must be conducted in different settings with clinicians of varying orientations. In addition, they advocate that computers should be used to enhance, but not replace, clinical judgement.

Comments: The issues involved in clinical reasoning seem quite applicable to the role of attribution in psychotherapy. Perhaps a therapist, in making causal attributions about a client, employs a procedure similar to the ones described in this manuscript. Certainly, it seems logical that, in the process of making attributions, therapists will look for salient cues, abstract from these cues to make inferences and then proceed to develop and test certain hypotheses regarding their causal attributions before arriving at a diagnostic conclusion. Perhaps the attribution processes are most relevant to what the authors refer to as the clinical inferences stage. In other words, making attributions or inferences is a means toward the diagnostic end rather than an end in and of itself.

Settin, J. M. (1982). Clinical judgement in geropsychology practice. Psychotherapy: Theory, Research, and Practice, 19(4), 397-404.

Objective: The purpose of this study is to investigate the extent to which therapists' judgements and perceptions of elderly clients are influenced by client characteristics and/or therapist characteristics.

Participants: Four-hundred and eighteen clinical psychologists from the 1978 American Psychological Association national membership roster, Clinical Psychology Division, served as participants.

Method: All participants received a mail survey containing a clinical case history of a client presenting with symptoms of reactive depression. Participants were randomly assigned to one of eight conditions which varied according to age (72 versus 46 years old), class (working or middle class) and gender. The dependent variables consisted of measures which assessed participant's a) attitudes toward the client; b) attributions of

symptomatology to the stimulus client; and c) assignment of a DSM-II diagnosis. In addition, all participants completed a series of questions assessing therapist characteristics of age, orientation and work setting as well as items concerning therapists' perceptions of aging clients.

Findings: Multivariate analyses of variance indicated that perceptions of and diagnosis assigned to the 72 year old clients were significantly more negative than in the case of the 46 year old cleint. In terms of the assigned diagnoses, all reported instances of organic brain syndrome were assigned to the 72 year old client and significantly more psychosis than neurosis was attributed to the elderly client. Generally, more favorable ratings were assigned to females than male clients. There was no significant client-age interaction effect. Also, no interactions of therapist characteristics by client age emerged for the clinician's age, orientation, gender, work setting, or clinical experience with elderly clients.

Comments: The results of this study provide evidence for ageism in the practice of psychotherapy by clinical psychologists. This seems to be another example of the ways in which therapists' stereotypical perspectives can have negative consequences on their ability to appropriately and effectively intervene with their clients. As the author notes, clinical psychologists are often trained and encouraged to use certain client characteristics, such as age, as diagnostic and prognostic indicators. While this practice might be of some help to a clinician, particularly in the initial stages of treatment, they would seem to be best used when integrated with direct observation of the client's behavior and self-report of symptoms.

Snyder, M., Tanke, E. D. & Bershceid, E. (1977). Social perception and interpersonal behavior: On the self-fulfilling nature of social stereotypes. Journal of Personality and Social Psychology, 35(9), 656-666.

Objective: The primary purpose of this study is to examine the notion that a perceiver's actions, which are based upon stereotyped attributions about a target individual, may cause the behavior of that individual to confirm the perceiver's initial and erroneous attributions.

Participants: One-hundred and two undergraduate students (51 female and 51 male) participated for extra course credit. All participants were placed in pairs of previously unacquainted females (targets) and males (perceivers).

Method: The experimenter informed all participants that she was studying acquaintance processes in social relationships. Prior to the interaction which occurred through a microphone, male perceivers received information that their female targets were either physically attractive or physically unattractive. Having received this information, perceivers also rated their inital impressions of their partners on several factors such as intelligence, friendliness and enthusiasm before the actual interviews. After the 10-minute conversation, perceivers again responded to the same group of items to assess their final impressions and targets expressed self-perceptions on the same set of items. In order to evaluate the extent to which the actions of the targets provided behavioral confirmation for the perceivers' stereotypes, tape recordings of the conversations were analyzed by observer judges who were blind to the experimental hypotheses.

Findings: Perceivers fashioned their initial impressions of their targets on the basis of stereotyped beliefs about physical attractiveness. In addition, the perceivers presented themselves differently and subsequently proceeded to interact differently with targets whom they perceived to be physically attractive versus unattractive. These differences on the part of the perceivers ultimately encouraged and elicited behaviors from the targets which were consistent with the initial stereotypes. As an example, targets who, unbeknownst to themselves, were perceived as physically attractive, actually behaved in a friendly, likeable, and social manner. Essentially, the perceiver's attributions about their targets, which were based upon stereotypes, had initiated a process that produced behavioral confirmation of those attributions.

Comments: Although grounded in a paradigm involving physical attractiveness, this study illustrates the self-fulfilling influences of social sterotypes on dyadic social interaction and, for this reason, has implications for understanding the interactions between a therapist and client. The results are quite powerful in that they suggest that initially erroneous attributions on the part of perceivers can become real. The findings raise questions about the prevalence and effect of self-fulfilling phenomena on clinicians' interventions with their clients.

Social stereotypes seem to influence information-processing and dyadic interactions in such a way as to acutally bolster and strengthen the stereotypical ideas. The authors note that, in future research, "more careful attention must be paid to the ways in which the perceiver creates or constructs the information that they process in addition to the ways in which they process that information. Events in the social world may be as much the effects of our perceptions of those events as they are the causes of those perceptions" (p. 664).

Yarkin, K. L., Harvey, J. H., & Bloxom, B. M. (1981). Cognitive sets, attributions and social interaction. Journal of Personality and Social Psychology, 41(2), 243-252.

Objectives: This experiment investigates the sequence of receiving a cognitive set about a person, making attributions about the person and directing behavior toward the person. More specifically, the authors were concerned with examining the role of attribution in mediating the relationship between set information and behavior.

Participants: 135 female undergraduates participated in order to fulfill psychology course requirements.

Methods: Participants received either positive, negative or no-set information about the emotional health of another person prior to observing a videotape social encounter involving the person. After having viewed the videotape, participants were informed that they would be interacting with the identified person and were then given either a free-response attribution measure or distraction task prior to the interaction. All participants then engaged in a three-minute social interaction with the identified person in which the discussion centered on the participants' college and social activities. Two trained judges observed these interactions from behind a one-way mirror and made behavioral ratings of eye contact, proximity and verbal behavior. Participants in the control condition received the same positive, negative, or no-set information as those persons in the experimental groups and engaged in a social interaction but did not view the videotape of the identified person.

Findings: Participants who received positive information about the identifed person reported positive attributions and exhibited positive behaviors. In contrast, participants who received negative information about the same person reported negative attributions and exhibited negative interaction patterns. Generally, participants in the no-set condition reported more positive than negative attributions and displayed more positive than negative behaviors. In addition, participants who were given the opportunity to engage in attribution activities as compared to a distraction task generally exhibited more pronounced behavioral responses during the social interaction. The correlational analyses revealed strong relationships between attribution and behavior.

Comments: This study is unique in that, to date, there have been few examinations of either the attribution-behavior or set-attribution-behavior sequences. The findings shed some light on the role of attributions in mediating the effects of cognitive sets on behaviors. The authors suggest that their results should be viewed in terms of observers' motivations to try to predict and control their social environment. In terms of the psychotherapy process, the results would seem to suggest that the therapist's cognitive set prior to meeting a client, which is often the result of factors such as information or previous treatment records, influences the attributions they make about their clients which in turn, impacts their responses toward the client.

Zandy, J. & Gerard, H. B. (1974). Attributed intentions and informational selectively. Journal of Experimental Social Psychology, 10, 34-52.

Objectives: The purpose of these three experiments was to test the hypothesis that ascribing an intention to an actor prior to observing the

actor's behavior will lead an observer to preferentially recall action bearing on the intention.

Method: All participants observed a live skit with a farcical tone in which a male college student tried to enroll for his semester classes at a computer station operated by a female registrar. Prior to observing the skit, participants were randomly assigned to one of the three conditions for which they received a written message stating that the student in the skit was either a chemistry, music or psychology major who was trying to enroll in classes necessary to complete his major area requirements. By providing participants with this information, an intention had been assigned to the student actor. During the skit, the books and materials carried and dropped by the student actor as well as the registrar's suggestions that he enroll in different classes were appropriate to the three academic majors. Immediately after having viewed the skit, participants completed a recall test in which they were asked to list the dropped objects and all courses mentioned by either the student or registrar.

Major Findings: For each of the three academic majors, a higher proportion of classes and objects relevant to that particular major were recalled by participants. The authors note that the intention attributed to an actor prior to witnessing the actor's action will enhance recall of behaviors consistent with that intent as compared to behaviors not consistent with the intent.

Comments: Experiments II and III followed a similar procedure as the one described above and, in both cases, replicated the results found in Experiment I. As a group, then, this series of studies demonstrates that when an observer is provided with an intent-label for an actor's behavior,

selective recall of intent-relevant actions will follow. The authors relate their findings to real world situations, such as social interactions, in which people often quickly surmise the intent of another during the initial phase of the interaction. Zandy and Gerard speculate that these actively inferred attributions create expectations which ultimately can result in selective perception of another person's behavior. Such selectivity might have a negative effect on the subsequent social interaction if the attributed intentions are not very accurate.

These ideas appear relevant to the process of psychotherapy since it would seem that a therapist's attributions about a client's intentions could potentially bias the therapist's interpretations of the client's behavior. It is possible that, while interacting with a client for whom diagnostic information is available, the therapist will persist in looking for evidence of symptoms reflecting the problems he/she had already suspected, even though such symptoms may be absent from the client's behavior or self-report.